

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER N/A		PAGE 1 OF 10	
2. CONTRACT NO. SP0200-05-D-0950		3. AWARD DATE 25 January 2005		4. ORDER NUMBER		5. SOLICITATION NUMBER SP0200-04-R-1606	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Stephen M. Lewis – Contract Specialist			b. TELEPHONE NUMBER (No collect calls) 215-737-5649		6. SOLICITATION ISSUE DATE 29 April 2004
9. ISSUED BY CODE SP0200  U. S. DEPARTMENT OF DEFENSE DEFENSE LOGISTICS AGENCY DEFENSE SUPPLY CENTER PHILADELPHIA 700 ROBBINS AVENUE PHILADELPHIA, PA 19111				10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> 8(A) NAICS SIZE/STANDARD :		11. DELIVERY FOR FOB DESTINATION UNLESS BOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	
						12. DISCOUNT TERMS Net -15 Days	
						<input checked="" type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	
						13b. RATING D0-C9	
14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP							
15. DELIVER TO CODE AS CITED ON INDIVIDUAL DELIVERY ORDERS				16. ADMINISTERED BY CODE SAME AS BLOCK 9			
17a. CONTRACTOR/OFFEROR CODE IXUYS FACILITY AmerisourceBergen Drug Corporation CODE 1300 Morris Drive Chesterbrook, PA 19087 Larry Stepp – Vice President National Accounts  TELEPHONE NO. 610-727-7000 and (804-264-4141/L. Stepp)				18a. PAYMENT WILL BE MADE BY CODE SC0200 DFAS-COLUMBUS CENTER ATTN: DFAS-CO-SEM P.O. BOX 182317 COLUMBUS, OHIO 43218-6249			
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18A UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<b>PRIMARY PHARMACEUTICAL SUPPLIER FOR DESIGNATED PROVIDERS REGION</b>  <b>SEE ATTACHED SHEETS</b>  <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>						
25. ACCOUNTING/APPROPRIATION DATA MG 97X4930 5CM0.01 26.0 S33150						26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$ 177,500,000.00 (Est)	
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED <input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED							
<input type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN _____ COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.					<input checked="" type="checkbox"/> 29. AWARD OF CONTRACT: REF. <u>Your</u> OFFER DATED <u>December 2, 2004</u> . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: 17AA thru 17AD		
30a SIGNATURE OF OFFEROR/CONTRACTOR					31a UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)		
30b NAME AND TITLE OF SIGNER (TYPE OR PRINT)			30c DATE SIGNED	31b NAME OF CONTRACTING OFFICER (TYPE OR PRINT)		31c DATE SIGNED	
				AGNES REITANO			

Line Item No.	Schedule of Supplies/Services Time Period	Distribution Fee/Charge
	Primary Prime Vendor of Pharmaceutical products for Designated Providers (See facilities attached)	
0017AA	Normal Day to Day Requirements Base Ordering Period April 1, 2005 to September 30, 2007	-3.72%
0017AB	Designated Providers Option Period 1 October 1, 2007 to March 30, 2010	-3.97%
0017AC	Designated Providers Option Period 2 April 1, 2010 to September 30, 2012	-4.12%
0017AD	Designated Providers Option Period 3 September 1, 2012 to March 30, 2015	-4.17%

**CONTRACT PERIOD:** By issuance of this contract, line item numbers #00017AA is hereby awarded to AmerisourceBergen Drug Co. Inc.. Based on the preceding, the contractor is to proceed with performance on line item #00017AA covering the initial ordering period of April 1, 2005 thru September 30, 2007.

**DELIVERY ORDER LIMITATIONS:**

**Minimum Order:** \$50.00

**Maximum Order:** \$100,000 per item or \$500,000 per combination of items or series of orders from the same ordering activity within 7 days that exceed the preceding maximums.

**Note:** Notwithstanding the above, the contractor can, if it chooses, accept and deliver any order which is less than the minimum or more than the maximum order limitations cited above.

**Basic Contract Administration:** Overall administration of the contract remains the responsibility of the Defense Supply Center Philadelphia, DSCP-MGBA.

**CONTRACTOR'S ELECTRONIC CATALOG PRICES:** In accordance with the statement of work, the price cited in the contractor's electronic price and product catalog shall be the delivered price for each product. The delivered price for the normal day-to-day requirements shall be computed as follows:

- (i) the price of the product itself, as published on a DSCP-Medical DAPA or a IDTC issued by DSCP-Medical or the DVA, plus

- (ii) the contractor's applicable distribution fee, plus
- (iii) DSCP Medical's Cost Recovery Rate.

Example:

Product Price	\$100.00
Distribution Fee (-3.63%)	<u>- 3.63</u>
Subtotal	\$ 96.37
DSCP Fiscal Year 2001 Cost Recovery Rate (1.7%)	<u>1.64</u>
Delivered Price	\$ 98.01

The DSCP Cost Recovery Rate (CRR) is applied to the Subtotal, which consists of the Product Price and the contractor's Distribution Fee. The DSCP CRR shall be subject to change, normally on 1 October of each year the contract is in effect. The contracting officer will advise the contractor in writing of any change in the DSCP CRR. The current DSCP CRR rate of 1.7% was effective 01 October 2004.

The Government reserves the right at any time to add or delete any ordering/receiving activity within this Region.

For this contract, contractor will use its distribution centers located at:

AmerisourceBergen Drug Company, Inc.

City	State
Sugar Land	TX
Boston	MA
Richmond	VA
Raleigh	NC

Note: Routine Deliveries shall be made five days per week (Monday – Friday) between the hours of 8:00 am and 3:00 pm, unless otherwise stated.

**Portland, ME – Martin's Point Healthcare**

**Contract # SP0200-05-D-0951**

**Call #'s - AA01 - ZZ99**

**Manual Call #'s B001 - Z999**

Ordering Point	Delivery Point
Martin's Point Health Care Portland Pharmacy 311 Veranda Street Portland, ME 04103  DODAAC: HPH010	Same as Ordering Point
331 Veranda Street Portland, ME 04103  DODAAC: HPH010	Same as Ordering Point
Martin's Point Health Care Portsmouth Pharmacy 161 Corporate Drive Please International Trade Port Portsmouth, NH 03801  DODAAC: HPH011	Same as Ordering Point
<p style="text-align: center;"> <b>Point of Contacts</b>            Mike Takach or Kristy            Phone: 207-791-3741            Fax: 207-828-2494            Email: <a href="mailto:miket@martinspoint.org">miket@martinspoint.org</a>  <a href="mailto:Kristyd@martinspoint.org">Kristyd@martinspoint.org</a>  <b>Delivery Time</b>            5 Days a Week (Mon-Fri)            Between 9:00 AM &amp; 11:30 AM         </p>	

Note: Routine Deliveries shall be made five days per week (Monday – Friday) between the hours of 8:00 am and 3:00 pm, unless otherwise stated.

<b>John Hopkins Medical Service Corp</b> <b>Baltimore, MD – Uniformed Services Family Health Plan (USFHP)</b> <b>Contract # SP0200-05-D-0952</b> <b>Call #'s - AA01 - ZZ99</b> <b>Manual Call #'s B001 - Z999</b>	
<b>Ordering Point</b>	<b>Delivery Point</b>
USFHP, John Hopkins Medical Service Corp. Wyman Park Medical Center Building #1, Room G-42G 3100 Wyman Park Drive Baltimore, MD 21211-2895  DODAAC: HPH008	Same as Ordering Point
<b><u>Point of Contact</u></b> Denise Wheeler Phone: 410-338-3300 Fax: 410-338-3046 <b><u>Delivery Time</u></b> 5 Days a Week (Mon-Fri) Before 3:00 P.M	

Note: Routine Deliveries shall be made five days per week (Monday – Friday) between the hours of 8:00 am and 3:00 pm, unless otherwise stated.

**(Additional ordering facility omitted in original solicitation – Added via Amendment 0002)**

<b>Bayley Seton Hospital</b> <b>Contract # SP0200-05-D-0953</b> <b>Call #'s - AA01 - ZZ99</b> <b>Manual Call #'s B001 - Z999</b>	
<b>Ordering Point</b>	<b>Delivery Point</b>
Bayley Seton Hospital Outpatient Pharmacy c/o Maxor Pharmacy 75 Vanderbilt Avenue Staten Island, NY 10304  DODAAC: HPH009 HIN #5F1P8EW00	Bayley Seton Hospital Outpatient Pharmacy c/o Maxor Pharmacy 75 Vanderbilt Avenue Staten Island, NY 10304
<b>Point of Contact</b> Karen Swindul Phone: 281-480-1225 Fax: 281-480-4992 Email: <a href="mailto:kswindull@maxor.com">kswindull@maxor.com</a>	

Note: Routine Deliveries shall be made five days per week (Monday – Friday) between the hours of 8:00 am and 3:00 pm, unless otherwise stated.

**Texas - Uniformed Services Family Health Plan (USFHP)**

**Contract # SP0200-05-D-0954**

**Call #'s - AA01 - ZZ99**

**Manual Call #'s B001 - Z999**

Ordering Point	Delivery Point
St. John's Hosptial 2050 Space Park Drive Nassau Bay, TX 77058-3697  DODAAC HPH001	St. John's Hospital 2050 Space Park Drive Nassau Bay, TX 77058-3697
Maxor Pharmacy 1046B Hercules Ave. Houston, TX 77058 HIN # LL5VPMH00 DODAAC HPH001	Maxor Pharmacy 1046B Hercules Ave. Houston, TX 77058
<b>St. John's Hospital is ordering using the DEA of Maxor Pharmacy. In order to be in compliance with DEA requirements that pharmaceuticals be receipted at address on record for DEA Reg No. under which order was placed, orders for St. John's Hospital are ordered and received at the above and the following locations:</b>	
<p align="center"><b>Contract # SP0200-05-D-0955</b>  <b>Call #'s - AA01 - ZZ99</b>  <b>Manual Call #'s B001 - Z999</b></p>	
Ordering Point	Delivery Point
Maxor Mail Order Pharmacy 216 S. Polk St. Amarillo, TX 79101 HIN # D5MLK3C00 DODAAC HPH001	Maxor Mail Order Pharmacy 216 S. Polk St. Amarillo, TX 79101

Note: Routine Deliveries shall be made five days per week (Monday – Friday) between the hours of 8:00 am and 3:00 pm, unless otherwise stated.

**Texas - Uniformed Services Family Health Plan (USFHP)****Contract # SP0200-05-D-0956****Call #'s - AA01 - ZZ99****Manual Call #'s B001 - Z999**

<b>Ordering Point</b>	<b>Delivery Point</b>
St. Joseph's Hospital 1919 La Branch Houston, TX 77002-8321  DODAAC HPH002	St. Joseph's Hospital 1919 La Branch Houston, TX 77002-8321
<b>St Joseph's Hospital is ordering using the DEA of Maxor Pharmacy. In order to be in compliance with DEA requirements that pharmaceuticals be receipted at address on record for DEA Reg No. under which order was placed, orders for St. John's Hospital are ordered and received at the following location:</b>	
MAXOR PHARMACY 1315 ST. JOSEPH'S PARKWAY, SUITE 100 HOUSTON, TX 77002-8321 <u>HIN #PZU5MS100</u>	

**Texas - Uniformed Services Family Health Plan (USFHP)****Contract # SP0200-05-D-0957****Call #'s - AA01 - ZZ99****Manual Call #'s B001 - Z999**

<b>Ordering Point</b>	<b>Delivery Point</b>
St. Mary's Hospital 3600 Gates Blvd. Port Arthur, TX 77642-3858  DODAAC HPH003	St. Mary's Hospital 3600 Gates Blvd. Port Arthur, TX 77642-3858
<b>St. Mary's Hospital is ordering using the DEA of Maxor Pharmacy. In order to be in compliance with DEA requirements that pharmaceuticals be receipted at address on record for DEA Reg No. under which order was placed, orders for St. John's Hospital are ordered and received at the following location:</b>	
MAXOR PHARMACY 3701 Highway 73 PORT ARTHUR, TX 77550-5298 <u>HIN #6JFFB6000</u>	



Note: Routine Deliveries shall be made five days per week (Monday – Friday) between the hours of 8:00 am and 3:00 pm, unless otherwise stated.

**Seattle, WA – Uniformed Services Family Health Plan (USFHP)**

**Contract # SP0200-05-D-0958**

**Call #'s - AA01 - ZZ99**

**Manual Call #'s A001 - Z999**

<b>Delivery Point</b>	<b>Ordering Point</b>
Maxor Pharmacy 320 S. Polk Street Amarillo, TX 79101  POC: Ryan Slack (806) 324-5421	Maxor Pharmacy Pacific Medical Center Beacon Hill 1200 12th Avenue South Seattle, WA 98144 <b>HIN: 4H2AAGN00*</b> <b>DODAAC: HPH006</b> Phone: (206) 621-4109
Maxor Pharmacy 320 S. Polk Street Amarillo, TX 79101  POC: Ryan Slack (806) 324-5421	Maxor Pharmacy Pacific Medical Center Northgate 10416 5th Avenue N.E. Seattle, WA 98125 <b>HIN: 9FYCFER00</b> <b>DODAAC: HPH006</b> Phone: (206) 505-1397
Maxor Pharmacy 320 S. Polk Street Amarillo, TX 79101  POC: Ryan Slack (806) 324-5421	Maxor Pharmacy Pacific Medical Center Madison 1101 Madison Street, Suite 306 Seattle, WA 98104 <b>HIN: 3J8DP9500</b> <b>DODAAC: HPH006</b> Phone: (206) 505-1397
Maxor Pharmacy 320 S. Polk Street Amarillo, TX 79101  POC: Ryan Slack (806) 324-5421	Maxor Pharmacy Pacific Medical Center Renton 601 S. Carr Road, Suite 100 Renton, WA 98055 <b>HIN: CDKGR9P00</b> <b>DODAAC: HPH006</b>
Maxor Pharmacy 320 S. Polk Street Amarillo, TX 79101  POC: Ryan Slack (806) 324-5421	Maxor Pharmacy Pacific Medical Center Totem Lake 12910 Totem Lake Blvd N.E. Kirkland, WA 98034 <b>HIN: 5AC5Q5R00</b> <b>DODAAC: HPH006</b>

While individual orders may be written at the 5 delivery locations shown above, all orders will be generated via EDI, from a "server" located in Amarillo, TX.

Point of Contact in Amarillo is Ryan Slack, phone (806) 324-5421 Fax 806-324-5429

Email: [rslack@maxor.com](mailto:rslack@maxor.com)

Note: Routine Deliveries shall be made five days per week (Monday – Friday) between the hours of 8:00 am and 3:00 pm, unless otherwise stated.

<b>Brighton, MA – Brighton Marine Health Center</b> <b>Contract # SP0200-05-D-0959</b> <b>Call #'s - AA01 - ZZ99</b> <b>Manual Call #'s A001 - Z999</b>	
<b>Ordering Point</b>	<b>Delivery Point</b>
Brighton Marine Health Center Pharmacy Dept. 77 Waren Street Brighton, MA 02135  DODAAC: HPH007	Same as Ordering Point
<b><u>Delivery Time</u></b> 5 Days a Week (Mon-Fri) Between 8:30 AM & 10:00AM	